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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
UTILITY PATENT APPLICATION TRANSMITTAL

PATENT A



THE NAMED INVENTOR OR APPLICATION IDENTIFIER: Goetzke et al.  
CHRONIC PAIN PATIENT MEDICAL RESOURCES FORECASTER

CERTIFICATE UNDER 37 CFR §1.10. I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Box Patent Application, Assistant Commissioner of Patents, Washington, D.C. 20231, "EXPRESS No. EL084632619US, on this 27th day of April, 2001.

Teresa D. Morgan

Printed Name

*Teresa D. Morgan*

Signature



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Assistant Commissioner for Patents

BOX PATENT APPLICATION

Commissioner of Patents and Trademarks  
Washington, D.C. 20231

Sir:

We are transmitting herewith the attached:

Patent Application Transmittal  
 Specification:  
Total pages: 47 (including 1 Cover Page; Spec. 36 sheets; Claims 9 sheets; Abstract - 1)  
 Drawings: 22 Sheets of Informal Drawings  
 Unsigned Combined Declaration and Power of Attorney:  
 Return Postcard

Address all future correspondence to: Eric R. Waldkoetter, Reg. No. 36,713  
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FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	32	20	12	x 18	\$216.00
Independent Claims	4	3	1	x 80	\$ 80.00
Multiple Dependent Claims	0			+ 270	\$ 0.00
Basic Filing Fee					\$710.00
				TOTAL	\$1,006.00

Charge Deposit Account No. 13-2546 the sum of \$1,006.00 (Filing Fee) for a total of \$1,006.00.  
 The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546.. A duplicate of this transmittal is enclosed.

April 27, 2001  
Date

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